Cuban Health System Offers an Uncommon Opportunity

Rodney J. Hood, MD

The U.S. and Cuba share a common history—a legacy of slavery—and an uncommon opportunity. Current estimates show that 63%–70% of Cubans are of African descent. The Cuban government's mandate to improve the health of all its citizens is the uncommon opportunity for the U.S. to learn from Cuba's health outcome successes.

In October, I was one of several individuals of "conscience," who traveled to Cuba as part of a delegation led by Randall Robinson, president of TransAfrica, to evaluate the Cuban health educational and delivery system. This delegation followed a visit made earlier this year by members of the Congressional Black Caucus. During the CBC visit, Cuban leader, Fidel Castro, noted to CBC delegation member, Rep. Bennie Thompson that the inhabitants of the Mississippi Delta regions suffered some of the worse health statistics when compared to other parts of the U.S., *or even Cuba.* Mr. Castro then made Rep. Thompson an offer: The Cuban government would provide free medical education in Cuba to hundreds of African Americans and Afro Cuban Americans. These individuals would then return to the U.S. to complete their residency training and be required to return to the Mississippi Delta to serve the medical needs of that community. The offer came at a critical time when African-American physicians comprise only 3% of the U.S. physician population and the number of African-American enrollees into medical school has declined as a result of anti-affirmative action legislation in many states. Given that African Americans continue to have the highest rates of health disparities and that the limited number of black physicians are the ones most likely to serve African-American and other underserved populations, any offer to reverse these trends must be given serious attention.

If we are to be successful in achieving the goals of Healthy People and the NMA goal of the elimination of all ethnic and racial disparities by the year 2010, opportunities to learn about a country and a community that has clarity about the importance of a unified system of health and access to health services for *all* peoples must be explored. Cuba has made significant strides in increasing the size of its physician workforce as well as decreasing health disparities.

My visit to Cuba was very enlightening and inspiring. I met with several top-level Cuban health professors, administrators and toured many medical education, medical telecommunications and health care delivery clinics. Despite the financial hardships endured by Cuba over the past 41 years as result of the U.S. trade embargo and fall of the Soviet Union, the Cuban people have managed to produce quite a remarkable, cost-efficient, well-integrated and effective outcome-driven health care delivery system.

The number of physicians in Cuba after its revolution declined from 6000 to 3000.[1] Currently, there are 66,000 physicians in this nation of 11 million people, equaling 1 physician for every 172 Cubans. In total, there are 350,000 health care workers in Cuba, with 32,000 of the 66,000 physicians being family practice physicians.[2]

The national medical university system comprises 4 upper medical school institutions (specialty schools), 1 Latin-American School of Medicine, 21 schools of medicine, 1 public health school and 8,373 instructors. Medical care is provided through a network of 265 hospitals, 11 research institutes and 440 polyclinics, or community clinics. Prospective medical students are identified through a screening process during the 10th and 11th years of high school, based upon academic achievement, testing and the individual's ethical, moral and social commitment to serve his communities. Medical school training includes six years plus one year of

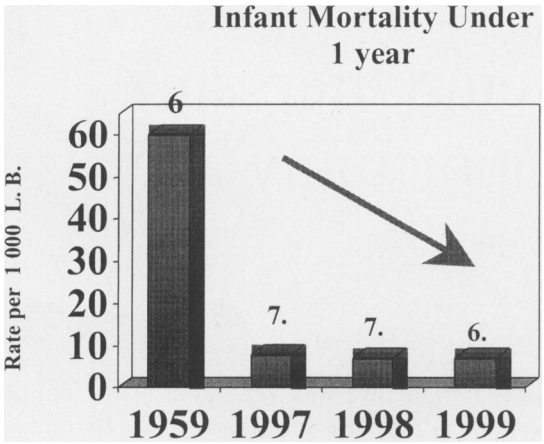

Figure 1. Cuban infant mortality rates.

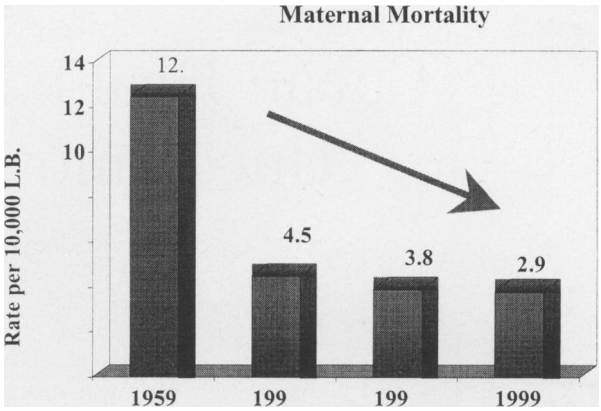

Figure 2. Cuban maternal mortality rates.

familiarity with trained specialists followed by specialty training. Family practice specialty requires an additional three years, and other specialties include an additional three to five years. The quality of medical training is monitored through institutions that perform ongoing accreditation of facilities, credentialing/evaluation of competency, CME and training. The Cuban health system has universal access and is free to all of its citizens.

This system has accomplished remarkable results. Cuba has one of the lowest gross national products (GNP) of similar sized countries, and health care spending has continued to increase as a percentage of GNP. The Cuban leadership at all levels is clearly committed to improving the health of its citizens. Cuba spends 7.4% of its GNP on health compared to the U.S., which spends 13.6%. At one time, Cuba had very high infant and maternal mortality death rates and poor longevity. Infant mortality in Cuba has decreased from 60/1000 live births in 1959 to 6.4/1000 live births in 1999 (Fig. 1). Maternal mortality decreased from 12.5 in 1959 to 2.9 in 1999 (Fig. 2). In comparison, the U.S. infant mortality rate is 7.2 overall and 14.2 for African Americans. The average life expectancy in Cuba is similar to the U.S. at 76 years. Although, HIV and AIDS are rampant and increasing in Africa and in South American countries, according to Dr. Cosme Ordonez Carceller, a professor of epidemiology, AIDS incidence in Cuba has been relatively contained due to early human isolation intervention, universal testing and government-sponsored treatment living centers.[3] For the last 15 years, approximately 3000 AIDS cases and 300 AIDS-related deaths have been reported.

A visit to the Republic of Cuba Nephrology Institute revealed a clean but poorly equipped physical structure but enriched with professional dedication and ingenuity for ongoing renal and peritoneal dialysis that produced low rates of viral hepatitis and other infection. Despite Cuba's medical resource limitations, Dr. Raul Herrera Valdes, director of the Nephrology Institute, notes an incidence rate of end-stage renal disease (ESRD) of 80-100 per million. According to U.S. Renal Registry data from 1998, the renal failure rate is 229 per million for whites and 970 per million for African Americans.[4] In a recent World Health Organization report, Cuba was ranked 39th for per capita health care expenses.[5] The report assessed 191 countries overall, in which the U.S. health system was rated 37th. WHO rated Cuba as the highest Latin American or Caribbean nation (23-25) with the fairest mechanism for health system financing. In this same category, the U.S. ranked 54-55.

The Latin-American Medical School was a highlight of this trip. This beautiful campus located on the coast has enrolled over 3,000 students from many countries, including South American and African nations. We had the opportunity to interact with these students, and it was gratifying to witness their satisfaction and commitment to return and practice medicine in the rural and underserved areas of their respective countries.

I believe a student receiving a medical education within this environment greatly benefits from a perspective of a strong public health and primary care medical experience that emphasizes the develop-

ment of a moral commitment to practice in the underserved communities of his or her country.

Since 1998, the Medical Education Cooperation with Cuba (MEDICC) program has offered medical electives in Cuba to all medical students, residents and students in the health sciences from 50 U.S. medical and public health schools. There are obstacles to this potential educational resource, but I believe we should encourage the expansion of this health student exchange program, which should include an evaluation for students from U.S. underserved communities to receive a medical education in Cuba and then return to serve the needs of their own communities.

Regardless of what happens with MEDICC, it is very clear that we must encourage our country to reexamine its foreign policy towards Cuba. Elimination of the trade embargo would ensure the delivery of much needed medical supplies to Cuba. At the invitation of the TransAfrica Forum, I plan to return to Cuba with a high-level delegation of health professionals, academicians and members of the CBC, whose goal will be to initiate a higher level of fact-finding and explore the educational and government licensing obstacles of a medical student exchange such as the one proposed to Rep. Thompson.

The NMA will continue to explore all avenues, including medical education exchanges that can potentially lead to lessening the burden of health disparities in the African-American community.

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